

114TH CONGRESS  
1ST SESSION

# S. 1410

To amend the Public Health Service Act to provide grants to improve the treatment of substance use disorders.

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IN THE SENATE OF THE UNITED STATES

MAY 21, 2015

Mr. MARKEY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to provide grants to improve the treatment of substance use disorders.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Treatment and Recov-  
5 ery Investment Act”.

6 **SEC. 2. OPIOID TREATMENT AND RECOVERY INITIATIVE.**

7 Subpart 1 of part B of title V of the Public Health  
8 Service Act (42 U.S.C. 290bb et seq.) is amended—

9 (1) by redesignating the second section 514 re-  
10 lating to the methamphetamine and amphetamine

1 treatment initiative (42 U.S.C. 290bb–9) as section  
2 514B; and

3 (2) by adding at the end the following:

4 **“SEC. 514C. OPIOID TREATMENT AND RECOVERY INITIA-**  
5 **TIVE.**

6 “(a) GRANTS.—

7 “(1) AUTHORITY TO MAKE GRANTS.—The Di-  
8 rector of the Center for Substance Abuse Treatment  
9 may award grants to the State agencies responsible  
10 for administering funds received under the substance  
11 abuse prevention and treatment block grant program  
12 under title XIX, units of local government that have  
13 a high rate, or have had a rapid increase, in the use  
14 of, or death related to the use of, heroin or other  
15 opioids, including prescription opioids, and Indian  
16 tribes or tribal organizations (as defined in section  
17 4 of the Indian Health Care Improvement Act), in  
18 order to permit such entities to expand evidence-  
19 based treatment activities and related recovery serv-  
20 ices in the specific geographical areas of such enti-  
21 ties where there exists a need to address the use of,  
22 or death related to the use of, heroin or other  
23 opioids.

24 “(2) RECIPIENTS.—Grants awarded under  
25 paragraph (1) shall be directed to the substance

1 abuse directors of the States and the appropriate  
2 tribal government authorities of the Indian tribes.

3 “(3) NATURE OF ACTIVITIES.—Grant funds  
4 awarded under paragraph (1) shall be used for ac-  
5 tivities that are based on reliable scientific evidence  
6 of efficacy in the treatment of problems related to  
7 the use or misuse of heroin or other opioids.

8 “(b) GEOGRAPHIC DISTRIBUTION.—The Director  
9 shall ensure that grants awarded under subsection (a) are  
10 distributed equitably among the various regions of the  
11 United States and among rural, urban, and suburban  
12 areas that are affected by the use of heroin or other  
13 opioids.

14 “(c) EVALUATION AND REPORTING.—A State agen-  
15 cy, unit of local government, or Indian tribe or tribal orga-  
16 nization receiving a grant under subsection (a) shall pro-  
17 vide the Director with aggregate data and other informa-  
18 tion determined by the Director to be necessary to enable  
19 the Director—

20 “(1) to evaluate the success of the grant pro-  
21 gram involved in achieving its purposes; and

22 “(2) to prepare and submit the report to Con-  
23 gress on an annual basis.

24 “(d) ADDITIONAL ACTIVITIES.—In carrying out this  
25 section, the Director shall—

1           “(1) disseminate widely such findings derived  
2           from the evaluation conducted under subsection (c)  
3           as the Director considers appropriate;

4           “(2) provide States, Indian tribes, and tribal or-  
5           ganizations, and health care providers with technical  
6           assistance in connection with the provision of evi-  
7           dence-based treatment for problems related to heroin  
8           and other opioids; and

9           “(3) give priority to applications for grants  
10          under this section that support recovery and related  
11          services as a critical component of the grant pro-  
12          gram, including comprehensive social services that  
13          assist with housing, employment, or education.

14          “(e) AUTHORIZATION OF APPROPRIATIONS.—

15                 “(1) IN GENERAL.—There is authorized to be  
16                 appropriated to carry out this section, \$27,000,000  
17                 for fiscal year 2016, and such sums as may be nec-  
18                 essary for each of fiscal years 2016 through 2020.

19                 “(2) USE OF CERTAIN FUNDS.—Of the funds  
20                 appropriated to carry out this section in any fiscal  
21                 year under paragraph (1), the lesser of 5 percent of  
22                 such funds or \$1,000,000 shall be available to the  
23                 Director for purposes of carrying out subsection  
24                 (c).”.

1 **SEC. 3. GRANTS FOR ENHANCING PRIMARY CARE ACCESS**  
2 **FOR OPIOID DEPENDENT PREGNANT AND**  
3 **PARENTING WOMEN.**

4 Subpart 1 of part B of title V of the Public Health  
5 Service Act (42 U.S.C. 290bb et seq.), as amended by sec-  
6 tion 2, is further amended by adding at the end the fol-  
7 lowing:

8 **“SEC. 514D. GRANTS FOR ENHANCING PRIMARY CARE AC-**  
9 **CESS FOR OPIOID DEPENDENT PREGNANT**  
10 **AND PARENTING WOMEN.**

11 “(a) IN GENERAL.—The Director of the Center for  
12 Substance Abuse Treatment shall award grants to State  
13 substance abuse agencies, Indian tribes or tribal organiza-  
14 tions (as defined in section 4 of the Indian Health Care  
15 Improvement Act), and public nonprofit entities for the  
16 purpose of enhancing access to primary care and related  
17 services for pregnant and parenting women diagnosed with  
18 opioid dependence.

19 “(b) USE OF FUNDS.—Amount awarded under a  
20 grant under subsection (a) may be used to assist health  
21 care providers or facilities caring for pregnant and par-  
22 enting opioid dependent women to provide the following  
23 services:

24 “(1) Clinically appropriate trauma informed  
25 gender-specific services that are based on reliable

1 scientific evidence of efficacy in the treatment of  
2 problems related to substance use disorder.

3 “(2) Prenatal and postpartum care.

4 “(3) Child care for infants and other children  
5 under the age of 18 of the opioid dependent woman.

6 “(4) Prevention and wellness services, including  
7 nutrition education, exercise instruction, and train-  
8 ing in other life and coping skills.

9 “(5) Developmental and therapeutic services for  
10 children of opioid dependent woman.

11 “(6) Domestic violence services.

12 “(7) Educational services for women on proper  
13 care for newborns with neonatal abstinence syn-  
14 drome and other clinical indications for newborns re-  
15 lated to substance use during pregnancy.

16 “(8) Parenting courses.

17 “(9) HIV/AIDS and Hepatitis C care and serv-  
18 ices.

19 “(10) Dental services.

20 “(11) Recovery coaches and mentors that can  
21 assist in supporting the opioid dependent woman in  
22 achieving long term recovery according to the needs  
23 of the woman.

24 “(12) Case management services, including as-  
25 sistance in establishing eligibility for public pro-

1       grams, housing assistance, job training, educational  
2       or vocational opportunities, transportation, and  
3       other related activities.

4       “(c) LENGTH OF GRANT.—Each grant awarded  
5       under subsection (a) shall be for a period of 5 years.

6       “(d) ADDITIONAL ACTIVITIES.—The Director shall—

7               “(1) collect and evaluate data regarding activi-  
8       ties supported by grants awarded under subsection  
9       (a);

10              “(2) give priority in awarding grants to appli-  
11       cants that are meeting a geographical need for sub-  
12       stance use disorder services for pregnant,  
13       postpartum or parenting women; and

14              “(3) give priority in awarding grants to entities  
15       that are collaborating with State health care, public  
16       health, criminal justice, and child welfare agencies  
17       as well as local Federally qualified health centers for  
18       the purpose of enhancing access to primary care and  
19       related services for pregnant and parenting women  
20       diagnosed with opioid dependence.

21       “(e) AUTHORIZATION OF APPROPRIATIONS.—

22              “(1) IN GENERAL.—There is authorized to be  
23       appropriated to carry out this section, \$15,000,000  
24       for fiscal year 2016, and such sums as may be nec-  
25       essary for each of fiscal years 2016 through 2020.



1 including a plan for the evaluation of any activities  
2 carried out with the funds provided under this sec-  
3 tion;

4 “(2) ensure that all entities receiving support  
5 under the grant, contract, or cooperative agreement  
6 comply with all applicable State licensure or certifi-  
7 cation requirements regarding the provision of the  
8 services involved; and

9 “(3) provide the Director with periodic evalua-  
10 tions of the progress of the activities funded under  
11 this section and an evaluation at the completion of  
12 such activities, as the Director determines to be ap-  
13 propriate.

14 “(c) PRIORITY.—In awarding grants, contracts, and  
15 cooperative agreements under subsection (a), the Director  
16 shall give priority to applicants who propose to fill a dem-  
17 onstrated geographic need for adolescent specific residen-  
18 tial treatment services.

19 “(d) USE OF FUNDS.—Amounts awarded under  
20 grants, contracts, or cooperative agreements under this  
21 section may be used to enable health care providers or fa-  
22 cilities that provide treatment and recovery assistance for  
23 adolescents with a substance use disorder to provide the  
24 following services:

1           “(1) Individualized patient centered care that is  
2           specific to circumstances of the individual patient.

3           “(2) Clinically appropriate, trauma-informed,  
4           gender-specific and age appropriate treatment serv-  
5           ices that are based on reliable scientific evidence of  
6           efficacy in the treatment of problems related to sub-  
7           stance use disorders.

8           “(3) Clinically appropriate care to address  
9           treatment for substance use and any co-occurring  
10          physical and mental health disorders at the same lo-  
11          cation, and through access to primary care services.

12          “(4) Coordination of treatment services with re-  
13          covery and other social support, including edu-  
14          cational, vocational training, assistance with the ju-  
15          venile justice system, child welfare, and mental  
16          health agencies.

17          “(5) Aftercare and long-term recovery support,  
18          including peer support services.

19          “(e) DURATION OF ASSISTANCE.—Grants, contracts,  
20          and cooperative agreements awarded under subsection (a)  
21          shall be for a period of not to exceed 5 years.

22          “(f) ADDITIONAL ACTIVITIES.—The Director shall—

23                 “(1) collect and evaluate the activities carried  
24                 out with amount received under subsection (a);



1 tions to develop, expand, and enhance recovery support  
2 services for individuals with substance use disorders.

3 “(b) ELIGIBLE ENTITIES.—In the case of an appli-  
4 cant that is not a State substance abuse agency, to be  
5 eligible to receive a grant under this section, the entity  
6 shall—

7 “(1) prepare and submit to the Secretary an  
8 application at such time, in such manner, and con-  
9 tain such information as the Secretary may require,  
10 including a plan for the evaluation of any activities  
11 carried out with the funds provided under this sec-  
12 tion;

13 “(2) demonstrate the inclusion of individuals in  
14 recovery from a substance use disorder in leadership  
15 levels or governing bodies of the entity;

16 “(3) have as a primary mission the provision of  
17 long-term recovery support for substance use dis-  
18 orders; and

19 “(4) be accredited by the Council on the Ac-  
20 creditation of Peer Recovery Support Services or  
21 meet any applicable State certification requirements  
22 regarding the provision of the recovery services in-  
23 volved.

1       “(c) USE OF FUNDS.—Amounts awarded under a  
2 grant under this section shall be used to provide for the  
3 following activities:

4           “(1) Educating and mentoring that assists indi-  
5 viduals and families with substance use disorders in  
6 navigating systems of care.

7           “(2) Peer recovery support services which in-  
8 clude peer coaching and mentoring.

9           “(3) Recovery-focused community education  
10 and outreach programs, including training on the  
11 use of all forms of opioid overdose antagonists used  
12 to counter the effects of an overdose.

13           “(4) Training, mentoring, and education to de-  
14 velop and enhance peer mentoring and coaching.

15           “(5) Programs aimed at identifying and reduc-  
16 ing stigma and discriminatory practices that serve as  
17 barriers to substance use disorder recovery and  
18 treatment of these disorders.

19           “(6) Developing partnerships between networks  
20 that support recovery and other community organi-  
21 zations and services, including—

22                   “(A) public and private substance use dis-  
23 order treatment programs and systems;

24                   “(B) health care providers;



1 under this subsection increased by the annual percentage  
2 increase in the Consumer Price Index for such year”.

3 **SEC. 7. STUDY ON TREATMENT INFRASTRUCTURE.**

4 Not later than one year after the date of enactment  
5 of this Act, the Comptroller General of the United States  
6 shall initiate an evaluation, and submit to Congress a re-  
7 port, of the in-patient and outpatient treatment capacity,  
8 availability, and needs of the United States, which shall  
9 include—

10 (1) the capacity of acute residential or inpatient  
11 detoxification programs;

12 (2) the capacity of inpatient clinical stabiliza-  
13 tion programs, transitional residential support serv-  
14 ices, and residential rehabilitation programs;

15 (3) the capacity of demographic specific resi-  
16 dential or inpatient treatment programs, such as  
17 those designed for pregnant women or adolescents;

18 (4) geographical differences of the availability  
19 of residential and outpatient treatment and recovery  
20 options for substance use disorders across the con-  
21 tinuum of care;

22 (5) the availability of residential and outpatient  
23 treatment programs that offer treatment options  
24 based on reliable scientific evidence of efficacy for  
25 the treatment of substance use disorders, including

1 the use of Food and Drug Administration-approved  
2 medicines and evidence-based nonpharmacological  
3 therapies;

4 (6) the number of patients in residential and  
5 specialty outpatient treatment services for substance  
6 use disorders; and

7 (7) an assessment of the need for residential  
8 and outpatient treatment for substance use disorders  
9 across the continuum of care.

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